



Planning & Development  
Department  
CONDITIONAL USE PERMIT



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**Planning & Development  
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CONDITIONAL USE PERMITS**



<b>Eligibility Requirements</b>	<b>CARETAKERS QUARTERS</b>	<b>MODEL HOME SALES OFFICE COMPLEX</b>	<b>CONSTRUCTION OFFICE / YARD COMPLEX</b>	<b>TEMPORARY SEASONAL SALES</b>
Medical condition requiring on-site care of individual. Conditions must be documented by a notarized physician's statement (on official letter head). <b>ALLOWED ONLY IN RURAL ZONING DISTRICTS.</b>	•			
Documented extended absences from the property by the occupant(s) of the principal residence. Unusual conditions must exist which require an on-site caretaker. Justification for the caretaker shall not be merely those activities associated with the normal responsibilities of a resident to maintain his property, including the care of farm animals. <b>ALLOWED ONLY IN RURAL ZONING DISTRICTS.</b>	•			
Model home sales complex and / or office only when uses are associated with the developer / owner and subdivision or project in which they are located. <b>ALLOWED IN ALL RURAL AND RESIDENTIAL ZONING DISTRICTS.</b>		•		
Construction yard and construction office complex may include security office or residence for security guard only when uses are associated with the developer / owner and subdivision or project in which they are located. <b>ALLOWED IN ALL ZONES.</b> ** Projects in <b>Industrial zoning districts</b> will generally be directed to apply for an Industrial Unit Plan of Development.			•	
Temporary seasonal sales operations which shall be limited to thirty days and shall not be renewed. May be applied for up to four times during one calendar year. <b>ALLOWED IN ALL RURAL &amp; COMMERCIAL ZONING DISTRICTS.</b>				•



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CONDITIONAL USE PERMIT APPLICATION

APPLICATION MUST BE COMPLETED IN FULL

REQUEST:

If this is a renewal (Status Report), what is the original case number?
Description of Request:
Existing Use of the Property:
Current (existing) Zoning District:
Length of Time Requested:
Related or Previous Case Numbers:

PROPERTY INFORMATION:

Address (if known):
General Location (include nearest city/town):
Size in Acres: Square Feet:
Legal Description: Section: Township: Range:
Tax Assessor's Parcel Number:
Subdivision Name (if applicable):

APPLICANT INFORMATION:

Name: Contact:
Address:
City: State: ZIP:
Phone #: FAX #:
Email Address:

PROPERTY OWNER INFORMATION:

Name: Contact:
Address:
City: State: ZIP:
Phone #: FAX #:
Email Address:

ALL FEES ARE DUE AT TIME OF APPLICATION AND ARE NON-REFUNDABLE.
Applicant's signature: Date:

DEPARTMENT USE ONLY:

Case #: Zoning Map #: Supervisor District:
Development Code:
Date of Submittal:
Fees: Accepted By:



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PROPERTY OWNER AUTHORIZATION

**COMPLETE THIS FORM IF THE APPLICANT IS NOT THE PROPERTY OWNER**

Date: \_\_\_\_\_

I hereby authorize: \_\_\_\_\_ ,

address \_\_\_\_\_ , to

file this application and to act on my behalf in regard to this request.

Property Owner's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**DEPARTMENT USE ONLY**

Case Number: \_\_\_\_\_

Project Name: \_\_\_\_\_



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CONDITIONAL USE PERMIT**



<b>Application Checklist</b>	ORIGINAL SUBMITTAL	REVISIONS (Renewal)	STATUS REPORT
Application complete with supplemental questionnaire (3 copies). Both forms must be completed and signed by the owner or accompanied by a completed Property Owner Authorization form (2 copies).	•		•
Three folded copies of a site plan of the property, drawn to scale. Indicate the north point, property lines and dimensions. This should follow all guidelines detailed in the example site plan.	•	•	•
2 copies of an official recorded / revised deed or title for the property.	•	•	
Fees: Residential Use - \$75; Non-Residential Use - \$250	•		
Fees: Residential Use - \$25; Non-Residential Use - \$100			•
Notarized letter from a physician is required for a caretaker request related to a medical condition.	•		•
Documentation is required for a caretaker request related to extended absence.	•		•
A Status Report containing a statement relating to status of existing permit and circumstances for continued need.			•
Any other information as deemed necessary by staff.	•	•	•

- An annual renewal (status report) as outlined above is required if the conditional use will continue for more than one year. Failure to submit a renewal shall be considered notice of discontinuation.
- Failure to meet any requirements of the Conditional Use Permit (stipulations, conditions) shall result in revocation of the Conditional Use Permit by the Zoning Inspector and a potential zoning violation case.
- After the Conditional Use Permit has been approved, you are required to obtain a zoning clearance and building permit prior to construction or placement of a trailer on the property.



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CONDITIONAL USE PERMIT  
SUPPLEMENT QUESTIONNAIRE

1. Explain the type of Conditional Use being proposed and why it is needed:

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2. Please note any other comments:

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3. Identify all permits and/or projects related to this property.

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4. Please attach any additional information. Supplements should be clear and legible.

5. Applicant's signature: \_\_\_\_\_

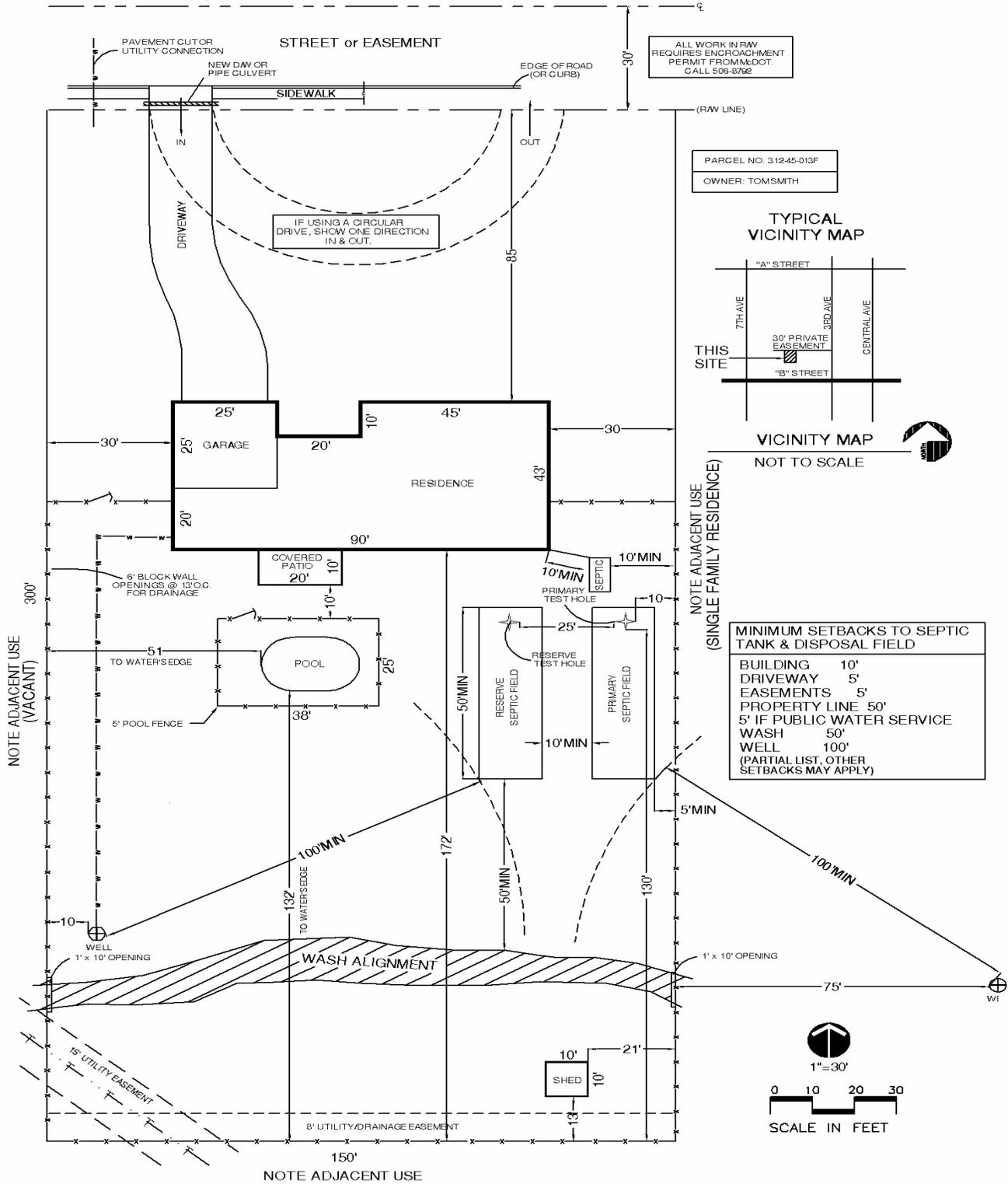
<b>DEPARTMENT USE ONLY:</b>
CUP Case #: _____



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## TYPICAL RESIDENTIAL SITE PLAN



SAMPLE ONLY (DRAWING SHOWN IS NOT TO SCALE)  
ADDITIONAL DETAILED PLANS MAY BE REQUIRED.